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|---|--|----------------------------------|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047 |
| | | 2010 |
| | | Open to Public Inspection |



| | | |
|--|---|--|
| A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AARP | D Employer identification number 95-1985500 |
| | Doing Business As | E Telephone number (202) 434-3220 |
| | Number and street (or P O box if mail is not delivered to street address) 601 E Street NW c/o Tax Dept | Room/suite |
| | G Gross receipts \$ 2,553,312,108 | |
| | City or town, state or country, and ZIP + 4 Washington, DC 20049 | |
| | F Name and address of principal officer Robert R Hagans Jr 601 E Street NW Washington, DC 20049 | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ www.aarp.org | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1958 |
| | | M State of legal domicile DC |

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

| | | | |
|---|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities AARP is a nonprofit, nonpartisan organization dedicated to enhancing the quality of life for people age 50 and over AARP leads positive social change for all as we age and creates impact through information, advocacy, and service | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 22 | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 22 | | |
| 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 1,963 | | |
| 6 Total number of volunteers (estimate if necessary) | 6 19,255 | | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 148,208,884 | | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 1,828,612 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 263,493,646 | Current Year 266,827,226 |
| | 9 Program service revenue (Part VIII, line 2g) | 135,171,155 | 159,700,555 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 34,147,944 | 66,235,050 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 660,440,584 | 683,258,860 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,093,253,329 | 1,176,021,691 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 4,428,124 | 15,309,602 |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 230,365,923 | 287,035,725 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 879,018 | 184,000 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶5,380,190 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 619,424,576 | 722,481,785 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 855,097,641 | 1,025,011,112 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 238,155,688 | 151,010,579 |
| | Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 1,291,821,683 |
| 21 Total liabilities (Part X, line 26) | | 877,542,999 | 937,396,888 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | | 414,278,684 | 628,064,149 |

| | |
|----------------|------------------------|
| Part II | Signature Block |
|----------------|------------------------|

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|--|--------------------|---|--------------|
| Sign Here |  | ***** Signature of officer | 2011-06-28 Date | | |
| |  | Robert R Hagans Jr CFO Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name ▶ | | | | Firm's EIN ▶ |
| | Firm's address ▶ | | | | Phone no ▶ |

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

AARP is dedicated to enhancing quality of life for all as we age We lead positive social change and deliver value to members through information, advocacy, and service

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 277,978,400 including grants of \$ 329,500) (Revenue \$ 0)

Membership Service helps ensure AARP is providing useful information, programs, and services to members through events, exhibits, AARP's award-winning website, member call center, and other interactive member touch points Membership service summarizes AARP's position on activities related to the organization's strategic priorities, as well as the activities that support its strategic plan

4b

(Code) (Expenses \$ 198,774,719 including grants of \$ 0) (Revenue \$ 17,740)

AARP publishes "AARP The Magazine," which is published every other month (bimonthly) in three versions, each of which targets a specific age group 50-59, 60-69, and 70 and over to be sure that we are providing highly useful information and outreach to each group "AARP The Magazine" includes the key areas of health, personal finance, work/life transitions, and personal enrichment AARP also publishes 10 issues of "AARP Bulletin," a monthly publication (January/February and July/August are combined) that reports on such issues as Social Security, Medicare, and those related to work, retirement, pensions, benefits, health, and quality of life "AARP Viva" (formerly AARP Segunda Juventud) is a quarterly bilingual publication for Hispanic members of AARP This publication includes profiles of leading Hispanic personalities, articles on new trends in the Hispanic community, and advice for protecting health, managing money, and enjoying leisure time "AARP The Magazine" and "AARP Bulletin" are provided to all AARP member households All publications are available electronically to the general public on AARP's website www.aarp.org

4c

(Code) (Expenses \$ 125,600,594 including grants of \$ 10,500) (Revenue \$ 0)

The Membership Development work is based on the recognition that members are an essential part of AARP's ability to achieve its mission Speaking on behalf of its tens of millions of members gives AARP significant power and reach in advocating for social change in our national, federal, and state legislatures, and members also provide grassroots activism, volunteer work, and input into the problems faced by Americans as they age, which helps shape AARP's social change agenda Membership Development is dedicated to ensuring that the member experience is valuable and a relevant portfolio of member services and benefits is available Membership Development researches the wants and needs of specific segments within the population of age 50+, including, for example, multicultural segments, boomers, retired educators, and AARP's primary age segments (50-59, 60-69, and 70 and over)

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 245,233,044 including grants of \$ 14,969,602) (Revenue \$ 11,473,931)

4e

Total program service expenses \$ 847,586,757

Form 990 (2010)

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | No |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | Yes |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | Yes |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | No |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | Yes |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | Yes |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | Yes | |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|--|--|-----|-------|----|
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> | | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 1,620 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. | 2a | 1,963 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | Yes | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | No |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a | Gross income from members or shareholders. | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | | |
| c | Enter the amount of reserves on hand. | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | |
| 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | | | |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

| Section A. Governing Body and Management | | | Yes | No |
|--|---|--------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 22 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 22 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | Yes | |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | Yes | No |
|---|--|------------|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | Yes | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | 15b | | No |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

| Section C. Disclosure | |
|-----------------------|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed CA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization Robert R Hagans Jr 601 E Street NW Washington, DC 20049 (202) 434-3220 |

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) W Lee Hammond President | 15 00 | X | | | | | | 9,951 | 0 | 0 |
| (2) Robert Romasco President-elect | 6 00 | X | | | | | | 3,856 | 0 | 0 |
| (3) A James Forbes Jr Secretary/Treasurer | 6 00 | X | | | | | | 4,599 | 0 | 0 |
| (4) F John Zarlengo Board Chair | 15 00 | X | | | | | | 9,720 | 0 | 0 |
| (5) Gail E Aldrich Board Vice Chair | 6 00 | X | | | | | | 12,762 | 0 | 0 |
| (6) Allen Douma Director | 6 00 | X | | | | | | 13,926 | 0 | 0 |
| (7) Jeannine English Director | 6 00 | X | | | | | | 5,154 | 0 | 0 |
| (8) Leobardo Estrada Director | 6 00 | X | | | | | | 2,963 | 0 | 0 |
| (9) Catherine Georges Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| (10) William J Hall Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| (11) Hubert H Humphrey III Director | 6 00 | X | | | | | | 3,176 | 0 | 0 |
| (12) Jacob Lozada Director | 6 00 | X | | | | | | 2,833 | 0 | 0 |
| (13) Mara Mayor Director | 6 00 | X | | | | | | 3,697 | 0 | 0 |
| (14) Maeona Mendelson Director | 6 00 | X | | | | | | 8,460 | 0 | 0 |
| (15) J David Nelson Director | 6 00 | X | | | | | | 3,761 | 0 | 0 |
| (16) Barbara O'Connor Director | 6 00 | X | | | | | | 2,111 | 0 | 0 |

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) John Penn Director | 6 00 | X | | | | | | 2,239 | 0 | 0 |
| (18) Diane Pratt Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| (19) Carol Raphael Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| (20) Charles E Reed Director | 6 00 | X | | | | | | 11,157 | 0 | 0 |
| (21) George T Rowan Director | 6 00 | X | | | | | | 1,175 | 0 | 0 |
| (22) Fernando Torres-Gil Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| (23) Yash Aggarwal Director until 5/3/10 | 6 00 | X | | | | | | 12,541 | 0 | 0 |
| (24) Cora L Chrstian Director until 5/3/10 | 6 00 | X | | | | | | 5,169 | 0 | 0 |
| (25) Bonnie M Cramer Board chair until 5/3/10 | 6 00 | X | | | | | | 8,141 | 0 | 0 |
| (26) Joanne Handy Director until 5/3/10 | 6 00 | X | | | | | | 3,098 | 0 | 0 |
| (27) Jennie Chin Hansen President until 5/3/10 | 6 00 | X | | | | | | 7,414 | 0 | 0 |
| (28) Richard Johnson Director until 5/3/10 | 6 00 | X | | | | | | 2,983 | 0 | 0 |
| (29) N Joyce Payne Director until 5/3/10 | 6 00 | X | | | | | | 1,922 | 0 | 0 |
| (30) Thomas Byron Thames Director until 5/3/10 | 6 00 | X | | | | | | 1,714 | 0 | 0 |
| (31) Addison B Rand Chief Executive Officer | 55 00 | | | X | | | | 810,147 | 0 | 114,466 |
| (32) Robert R Hagans Jr Chief Financial Officer | 50 00 | | | X | | | | 368,064 | 0 | 53,939 |
| (33) Thomas C Nelson Chief Operating Officer | 55 00 | | | | X | | | 1,124,770 | 0 | 51,844 |
| (34) Nancy A LeaMond EVP Social Impact | 60 00 | | | | X | | | 367,243 | 0 | 40,580 |
| (35) Emilio Pardo EVP & Chief Brand Officer | 50 00 | | | | X | | | 332,419 | 0 | 38,809 |
| (36) Joan S Wise EVP & General Counsel | 40 00 | | | | X | | | 545,995 | 0 | 27,747 |
| (37) Shereen G Remez EVP Member Value | 50 00 | | | | X | | | 313,901 | 0 | 40,359 |
| (38) John C Rother EVP Policy & Strategy | 40 00 | | | | X | | | 310,338 | 0 | 44,572 |
| (39) Kevin J Donnellan EVP & Chief Communication | 45 00 | | | | X | | | 284,452 | 0 | 48,312 |
| (40) Ellen Hollander EVP & Chief People Officer | 50 00 | | | | X | | | 262,521 | 0 | 55,718 |
| (41) Harroll Backus EVP State Operations | 50 00 | | | | X | | | 260,963 | 0 | 50,302 |
| (42) Matthew Mitchell Chief Information Officer | 50 00 | | | | X | | | 248,897 | 0 | 44,438 |
| (43) Nancy Smith SVP Corporate Secretary | 55 00 | | | | X | | | 297,924 | 0 | 40,491 |
| (44) Hugh Delehanty SVP & Editor-in Chief AARP | 50 00 | | | | | X | | 279,459 | 0 | 48,629 |
| (45) David Sloane SVP Govt. Relations & Advo | 55 00 | | | | | X | | 279,335 | 0 | 44,509 |
| (46) James Fishman SVP-Publisher | 45 00 | | | | | X | | 289,589 | 0 | 47,411 |
| (47) Lynn Mento SVP 50+ Member Experience | 45 00 | | | | | X | | 259,788 | 0 | 37,864 |
| (48) Susan Reinhard SVP Public Policy | 45 00 | | | | | X | | 264,578 | 0 | 48,521 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 7,044,905 | 0 | 878,511 |

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶543

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes

No

No

Yes

No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--|---------------------|
| RR DONNELLEY 111 SOUTH WACKER DRIVE CHICAGO, IL 60606 | PRINTING SERVICES FOR PUBLICATIONS | 59,402,555 |
| GSD&M IDEA CITY LLC 828 WEST 6TH STREET AUSTIN, TX 78703 | ADVERTISING AND MARKETING FIRM | 34,578,464 |
| MOORE WALLACE 30 HAZELWOOD DRIVE STE 100 AMHERST, NY 14228 | PRINTING SERVICES FOR PUBLICATIONS | 27,057,966 |
| CATALYST 360 4 WALNUT GROVE DRIVE HORSHAM, PA 19044 | CALL CENTER, OPERATING STUDIES AND ANALY | 23,822,464 |
| PARADYSZ MATERA COMPANY INC 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004 | DIRECT MAIL AND PRINT MEDIA | 21,140,579 |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶497

Form 990 (2010)

Part VIII

Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|---|----------------------|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | |
| | b | Membership dues | 1b | 247,895,043 | | |
| | c | Fundraising events | 1c | | | |
| | d | Related organizations | 1d | 3,363,221 | | |
| | e | Government grants (contributions) | 1e | 46,593 | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 15,522,369 | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | |
| | h | Total. Add lines 1a-1f | | 266,827,226 | | |
| Program Service Revenue | 2a | | Business Code | | | |
| | | Pub/Web Advertising | 541800 | 148,208,884 | | 148,208,884 |
| | b | Driver's Safety Progra | 900099 | 6,953,106 | 6,953,106 | |
| | c | Member Event | 900099 | 4,311,443 | 4,311,443 | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | 227,122 | 227,122 | |
| | g | Total. Add lines 2a-2f | | 159,700,555 | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 39,261,676 | | 39,261,676 |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | | |
| | 5 | Royalties | | 679,534,329 | | 679,534,329 |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | |
| | | | 3,133,656 | | | |
| | b | Less rental expenses | 3,129,992 | | | |
| | c | Rental income or (loss) | 3,664 | | | |
| | d | Net rental income or (loss) | | 3,664 | | 3,664 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | |
| | | | 1,401,133,799 | | | |
| | b | Less cost or other basis and sales expenses | 1,374,160,425 | | | |
| | c | Gain or (loss) | 26,973,374 | | | |
| | d | Net gain or (loss) | | 26,973,374 | | 26,973,374 |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | |
| | | | | | | |
| | b | Less direct expenses | b | | | |
| | c | Net income or (loss) from fundraising events . . . | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . | a | | | |
| | | | | | | |
| | b | Less direct expenses | b | | | |
| c | Net income or (loss) from gaming activities . . . | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | | | | | | |
| b | Less cost of goods sold | b | | | | |
| c | Net income or (loss) from sales of inventory . . . | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11a | Captive Insurance Prem | 900099 | 2,784,311 | | 2,784,311 | |
| b | Miscellaneous income | 900099 | 936,556 | | 936,556 | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | 3,720,867 | | | |
| 12 | Total revenue. See Instructions | | 1,176,021,691 | 11,491,671 | 148,208,884 | 749,493,910 |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 15,309,602 | 15,309,602 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 6,323,735 | 1,428,260 | 4,895,475 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 200,680,008 | 128,931,618 | 71,407,526 | 340,864 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 46,714,288 | 33,501,539 | 13,142,085 | 70,664 |
| 9 | Other employee benefits | 22,173,543 | 11,626,714 | 10,512,690 | 34,139 |
| 10 | Payroll taxes | 11,144,151 | 6,863,308 | 4,262,843 | 18,000 |
| a | Fees for services (non-employees) Management | | | | |
| b | Legal | 1,158,007 | | 1,158,007 | |
| c | Accounting | 847,637 | 48,062 | 799,575 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | 184,000 | | | 184,000 |
| f | Investment management fees | 4,910,478 | | 4,910,478 | |
| g | Other | 115,137,673 | 102,905,237 | 12,194,601 | 37,835 |
| 12 | Advertising and promotion | 148,266,073 | 137,903,897 | 9,644,155 | 718,021 |
| 13 | Office expenses | 4,070,577 | 1,420,903 | 2,649,674 | |
| 14 | Information technology | 41,433,928 | 12,710,517 | 28,285,528 | 437,883 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 23,030,871 | 20,751,638 | 2,279,233 | |
| 17 | Travel | 9,350,501 | 8,016,616 | 1,333,885 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 9,457,762 | 9,151,257 | 306,505 | |
| 20 | Interest | 9,678,767 | | 9,678,767 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 30,720,610 | 6,044,763 | 24,675,847 | |
| 23 | Insurance | 3,817,473 | | 3,817,473 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | Printing & Postage | 246,564,974 | 241,593,367 | 1,557,168 | 3,414,439 |
| b | Member Call Center | 22,238,934 | 22,238,934 | | |
| c | Research, Surveys, & Te | 13,401,842 | 12,481,423 | 920,419 | |
| d | Taxes & Licenses | 11,635,315 | 1,291,750 | 10,343,565 | |
| e | Shared Services (ITS, F | 0 | 57,558,814 | -57,676,567 | 117,753 |
| f | All other expenses | 26,760,363 | 15,808,538 | 10,945,233 | 6,592 |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,025,011,112 | 847,586,757 | 172,044,165 | 5,380,190 |
| 26 | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 4,253,587 | 2,497,744 | 0 | 1,755,843 |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|---------------|-------------------|---------------|---------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 2,762,611 | 1 | 1,521,496 |
| | 2 | Savings and temporary cash investments | | | 292,556,875 | 2 | 342,670,796 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 84,831,421 | 4 | 91,914,639 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 24,070,208 | 9 | 38,201,365 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10a | 479,151,158 | | | |
| | b | Less: accumulated depreciation | 10b | 213,411,189 | 281,909,416 | 10c | 265,739,969 |
| | 11 | Investments—publicly traded securities | | | 595,512,438 | 11 | 816,486,359 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 3,000,000 | 12 | 3,000,000 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 1,127,131 | 14 | 1,074,286 |
| | 15 | Other assets. See Part IV, line 11 | | | 6,051,583 | 15 | 4,852,127 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 1,291,821,683 | 16 | 1,565,461,037 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 80,941,824 | 17 | 116,702,433 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 209,083,670 | 19 | 225,570,716 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 187,836,042 | 24 | 174,104,715 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 399,681,463 | 25 | 421,019,024 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 877,542,999 | 26 | 937,396,888 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 414,278,684 | 27 | 628,064,149 |
| | 28 | Temporarily restricted net assets | | | | 28 | |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 414,278,684 | 33 | 628,064,149 |
| | 34 | Total liabilities and net assets/fund balances | | | 1,291,821,683 | 34 | 1,565,461,037 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,176,021,691 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,025,011,112 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 151,010,579 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 414,278,684 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 62,774,886 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 628,064,149 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|----------------------------------|--|
| Name of the organization AARP | Employer identification number 95-1985500 |
|----------------------------------|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | |
|---|--|--------------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ 889,683 |
| 3 | Volunteer hours | |

Part I-B Complete if the organization is exempt under section 501(c)(3).

| | | | |
|----|---|------|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ | |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | | |

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

| | | | |
|---|---|------|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | (a) | | (b) |
|----|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| | a Volunteers? | | | |
| | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| | c Media advertisements? | | | |
| | d Mailings to members, legislators, or the public? | | | |
| | e Publications, or published or broadcast statements? | | | |
| | f Grants to other organizations for lobbying purposes? | | | |
| | g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| | i Other activities? If "Yes," describe in Part IV | | | |
| | j Total lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|---|--|-------|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 Yes | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | No |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | No |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| | a Current year | 2a | |
| | b Carryover from last year | 2b | |
| | c Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|------------------|---|
| Organizations Direct and Indirect Political Campaign Activities | Part I-A, Line 1 | AARP obtains responses from candidates running for political office at the federal, state, and local levels on issues that impact voters 50+ AARP then publishes (either in AARP The Magazine, voters guides mailed to members, or on AARP.org) the responses provided by the candidate's campaign alongside AARP's position on the issues. |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|---|---|
| Name of the organization AARP | Employer identification number 95-1985500 |
|---|---|

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | |
|---|--|--|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 48,572,664 | | 48,572,664 |
| b Buildings | | 195,674,590 | 56,566,352 | 139,108,238 |
| c Leasehold improvements | | 41,676,071 | 13,283,569 | 28,392,502 |
| d Equipment | | | | |
| e Other | | 193,227,833 | 143,561,268 | 49,666,565 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 265,739,969 |

Schedule D (Form 990) 2010

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---|----|---------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,176,021,691 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,025,011,112 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 151,010,579 |
| 4 | Net unrealized gains (losses) on investments | 4 | 62,774,886 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 62,774,886 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 213,785,465 |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | |

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

| | |
|----------------------------------|--|
| Name of the organization AARP | Employer identification number 95-1985500 |
|----------------------------------|--|

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☐

Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|-------------------------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| Adams Hussey & Associates 1600 Wilson Blvd Ste 300 Arlington, VA 22209 | Direct mail and communications | | No | 0 | 741,340 | -741,340 |
| M&R Strategic Services 2120 L Street NW Washington, DC 20037 | Creative on-line marketing services | | No | 0 | 84,004 | -84,004 |
| Total ▶ | | | | | 825,344 | -825,344 |

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|-----------------|----|--|--------------|------------------|---|
| | | (event type) | (event type) | (total number) | |
| | 1 | Gross receipts | | | |
| | 2 | Less Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ▶ | | | |

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|--|--|--|--|
| | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div> | <div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div> | <div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div> | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

b

An outside facility

13a

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|-------------------------------------|---|---|
| Explanation of Fundraising Payments | Schedule G, Part I, Line 2b, Column (v) | All fundraisers listed above do not raise funds directly for AARP, but provide counsel, services, and support to AARP's internal development office |
| Total payments to fundraisers | Schedule G, Part I, Line 2b, column IV | Adams Hussey & Associates Professional fees \$100,000 Advertising costs 635,708 Miscellaneous costs 5,632 Total payments reported on Schedule G \$741,340 M&R Strategic Services, Inc Professional fees \$84,000 Miscellaneous costs 4 Total payments reported on Schedule G \$84,004 |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
A A R P

Employer identification number
95-1985500

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
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2

Enter total number of section 501(c)(3) and government organizations

43

3

Enter total number of other organizations

9

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
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Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|-------------------|------------------|--|
| Other Information | Part IV | AARP'S Public Outreach Office requires all departments to submit a two-page form detailing the donee organization, its mission, and how the contribution will support AARP's goals The Public Outreach Office approves and tracks the contribution requests that best leverage relationships and aadvance AARP's mission |

Software ID:

Software Version:

EIN: 95-1985500

Name: AARP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| 100 BLACK MEN OF AMERICA INC141 AUBURN AVENUE ATLANTA,GA 30303 | 58-1974429 | 501(C)(3) | 90,000 | | | | 2010 100/AARP PARTNERSHIP FOR THE 24TH ANNUAL CO nFERENCE AND FINANCIAL LITERACY PROGRAM |
| AMERICAN SOCIETY ON AGING833 MARKET STREET STE 511 SAN FRANCISCO,CA 94103 | 94-2292868 | 501(C)(3) | 12,500 | | | | GENERAL SUPPORT |
| THE ABRAHAM LINCOLN CENTRE3858 S COTTAGE GROVE AVE CHICAGO,IL 60653 | 36-2167774 | 501(C)(3) | 32,550 | | | | GENERAL SUPPORT FOR THE CREATE THE GOOD OUTREACH PROGRAM AND HEALTHY BEHAVIORS PROGRAM |
| AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES1629 K STREET NW STE 950 WASHINGTON,DC 20006 | 52-1930174 | 501(C)(3) | 6,000 | | | | 2010 GALA PLEDGE |
| AMERICAN INSTITUTE OF ARCHITECTURE STUDENTS 1735 NEW YORK AVE NW WASHINGTON,DC 20006 | 52-1239053 | 501(C)(3) | 85,500 | | | | GENERAL SUPPORT AND COMPETITION SPONSORSHIP |
| BIBB COUNTY SCHOOL DISTRICT484 MULBERRY STREET MACON,GA 31201 | 58-6000191 | 501(C)(3) | 71,717 | | | | GRANT FOR COMPENSATION FOR SITE COORDINATOR FOR COLLEGE AND CAREER PROGRAM |
| CAMPAIGN FOR EFFECTIVE HEALTH CARE 22 MADRONE CT FAIRFAX,CA 94930 | 26-3992158 | 501(C)(4) | 30,000 | | | | GENERAL SUPPORT FOR THE CAMPAIGN FOR EFFECTIVE PATIENT CARE |
| CITIZEN'S ADVOCACY CENTER182 N YORK ROAD ELMHURST,IL 60126 | 36-3920270 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| CITIZENS TO PROTECT OUR ECONOMY603 STEWART STREET 819 SEATTLE,WA 98101 | 27-2506625 | | 20,000 | | | | SPONSORSHIP OF THE "NO ON INITIATIVE 1107" - INITIATIVE 1107 IS A THREAT TO SENIORS IN WASHINGTON STATE AND WOULD ELIMINATE FUNDING THAT IS ESSENTIAL TO HEALTH AND LONG-TERM CARE SERVICES THAT HELP PEOPLE STAY HEALTHY AND INDEPENDENT AS THEY AGE |
| CIVIC ENTERPRISES LLC 1201 PENNSYLVANIA AVE NW STE 500 WASHINGTON,DC 20004 | 20-1055716 | CORPORATION | 25,000 | | | | GENERAL SUPPORT |
| COMMUNITY RENEWAL SOCIETY332 S MICHIGAN AVE STE 500 CHICAGO,IL 60604 | 36-2000728 | 501(C)(3) | 45,000 | | | | GRANT TO BE USED FOR COMMUNITY ORGANIZING AND LOCAL TRAINING IN COMMUNITY ORGANIZING |
| CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE NW WASHINGTON,DC 20036 | 52-1160561 | 501(C)(3) | 40,000 | | | | SUPPORT FOR THE ECONOMIC RECOVERY FORUM |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| CRAIGSLIST FOUNDATION 657 MISSION STREET 507 SAN FRANCISCO, CA 94105 | 94-3375324 | 501(C)(3) | 200,000 | | | | GRANT FOR "OUR GOOD WORKS" |
| CUBAN AMERICAN NATIONAL COUNCIL 1223 SW 4TH STREET MIAMI, FL 33135 | 23-7269955 | 501(C)(3) | 20,000 | | | | SPONSOR FOR THE CNC 15TH NATIONAL CONFERENCE AND 6TH ANNUAL HEALTH, SAFETY, AND WELLNESS FAIR |
| EXECUTIVE LEADERSHIP FOUNDATION 1001 N FAIRFAX STREET STE 300 ALEXANDRIA, VA 22314 | 52-1631358 | 501(C)(3) | 50,000 | | | | 2010 CEO SUMMIT SPONSORSHIP |
| EXPERIENCE IN ACTION 2120 L STREET NW WASHINGTON, DC 20037 | 26-3698436 | 501(C)(3) | 105,000 | | | | GRANT TO SUPPORT EXPANSION OF SENIOR VOLUNTEER PROGRAM |
| HERNDON ALLIANCE 3438 EAST FLORENCE COURT SEATTLE, WA 98112 | 20-3438789 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| HISPANIC WOMENS CORPORATION PO BOX 20725 PHOENIX, AZ 85036 | 86-0539353 | 501(C)(3) | 11,000 | | | | SUPPORT FOR THE 2010 HWC INTER-GENERATIONAL FINANCIAL LITERACY PROGRAM |
| IOWA COOPERATIVE FOUNDATION 2515 UNIVERSITY BLVD AMES, IA 50010 | 42-1305677 | 501(C)(3) | 10,000 | | | | CONTRIBUTION IN SUPPORT OF IOWA COOPERATIVE FOUNDATION'S RESEARCH AND DEVELOPMENT OF A HEALTH COOPERATIVE IN IOWA |
| JUNIOR ACHIEVEMENT WORLDWIDE ONE EDUCATION WAY COLORADO SPRINGS, CO 80906 | 84-1261604 | 501(C)(3) | 7,500 | | | | GRANT TO SUPPORT FINANCIAL LITERACY OUTREACH |
| JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE STE 9 CHARLOTTESVILLE, VA 22901 | 54-0990078 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| KENTUCKY RETIRED TEACHERS ASSOCIATION 7505 BARNSTOWN RD LOUISVILLE, KY 40291 | 61-1029929 | 501(C)(6) | 7,500 | | | | GENERAL SUPPORT FOR THE KY PRIORITIES AND GRANDPARENTS ESSAY CONTEST AND 2010 SCHOOL SUPPLY DRIVE |
| LEADERSHIP CONFERENCE ON CIVIL RIGHTS EDUCATION FUND 1629 K STREET NW 10TH FL WASHINGTON, DC 20006 | 23-7026895 | 501(C)(3) | 10,000 | | | | SUPPORT COALITION ACTIVITIES FOR FINANCIAL REGULATORY REFORM AND IMPLEMENTATION, INCLUDING OUTREACH TO ADMINISTRATION OFFICIALS, LAWMAKERS AND ALLIED ORGANIZATIONS |
| LOCAL GOVERNMENT COMMISSION 1303 J STREET STE 250 SACRAMENTO, CA 95814 | 94-2791699 | 501(C)(3) | 10,000 | | | | SUPPORT FOR NEW PARTNERS FOR SMART GROWTH |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| MISSOURI BUDGET PROJECT3534 WASHINGTON ST LOUIS,MO 63103 | 26-0062334 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| NATIONAL ASSOCIATION OF STATE UNITS ON AGING1201 15TH STREET NW STE 350 WASHINGTON,DC 20005 | 39-6095458 | 501(C)(3) | 50,000 | | | | SUPPORT FOR SPECIAL BRIEFING ON LONG-TERM CARE OPTIONS FOR STATE CABINET MEMBERS |
| NATIONAL HISPANIC COUNCIL ON AGING1341 CONNECTICUT AVE NW WASHINGTON,DC 20036 | 52-1306347 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| NCBW COMMUNITY SERVICES FUND1925 ADAM C POWELL JR BLVD STE 1L NEW YORK,NY 10026 | 13-3341206 | 501(C)(3) | 10,000 | | | | SUPPORT FOR NATIONAL COALITION OF 100 BLACK WOMEN 2010 LEADERSHIP RETREAT AND LEGISLATIVE DAY |
| NCSL FOUNDATION FOR STATE LEGISLATION7700 EAST FIRST PLACE DENVER,CO 80230 | 74-2232576 | 501(C)(3) | 45,000 | | | | SPONSORSHIP THE NCSL FOUNDATION FOR STATE LEGISLATURES AND 2010 HUNGER PARTNERSHIP, WHICH IS A ONE-YEAR INITIATIVE TO RAISE THE VISIBILITY OF HUNGER IN AMERICA AND OFFER INNOVATIVE AND LASTING SOLUTIONS |
| PORTLAND STATE UNIVERSITY FOUNDATION 2125 SW FOURTH AVE STE 510 PORTLAND,OR 97201 | 93-0619733 | 501(C)(3) | 12,000 | | | | PROMOTE DAYS OF SERVICE AND SERVICE LEARNING TO MOBILIZE OREGONIANS TO ADDRESS COMMUNITY NEEDS THROUGH SERVICE PROJECTS |
| PENNSYLVANIA CONFERENCE FOR WOMEN C/O BALLARD SPAHR ANDREWS AND INGERSOLL PHILADELPHIA,PA 19101 | 20-0447019 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |
| PARTNERS FOR LIVEABLE COMMUNITIES1429 21ST STREET NW WASHINGTON,DC 20036 | 52-1107953 | 501(C)(3) | 10,000 | | | | SPONSORSHIP OF THE GRAND ALLIANCE - A COALITION OF LIVABILITY ORGANIZATIONS WORKING ON CREATING LIVABILITY INDICES AARP WILL HELP TO CRAFT LIVABILITY INDICES RELATED TO THE VAULES OF THE OLDER ADULT |
| PILSEN NEIGHBORS COMMUNITY COUNCIL 2026 S BLUE ISLAND AVE CHICAGO,IL 60608 | 36-2439939 | 501(C)(3) | 52,500 | | | | GRANT TO BE USED FOR COMMUNITY ORGANIZING AND LOCAL TRAINING IN COMMUNITY ORGANIZING |
| POSTPARTISAN FOUNDATION600 PENNSYLVANIA AVE SE STE 400 WASHINGTON,DC 20003 | 27-0969439 | 501(C)(3) | 100,000 | | | | GENERAL SUPPORT |
| REAL GIFT FOUNDATION PO BOX 12442 SCOTTSDALE,AZ 85267 | 86-1007431 | 501(C)(3) | 9,000 | | | | PROVIDE SCHOOL SUPPLIES FOR OVER 70 ELEMENTARY AND MIDDLE SCHOOLS IN PHOENIX METROPOLITAN AREA |
| RESTON CHAPTER OF THE LINKS1109 LAUDERSET DRIVE HERNDON,VA 20170 | 51-0210735 | 501(C)(4) | 10,000 | | | | PLANNING AND IMPLEMENTATION OF THE ANNUAL DIABETES PROGRAM |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| ROADWAY SAFETY FOUNDATION1101 14TH STREET NW STE 750 WASHINGTON,DC 20005 | 53-0030282 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| SALINE COUNTY AREA TRANSIT301 E FIRTS STREET WESTERN,NE 68464 | 47-0553601 | | 45,000 | | | | GENERAL SUPPORT |
| SIGMA PI PHI FRATERNITY 50 HURT PLAZA ATLANTA,GA 30303 | 59-1314521 | 501(C)(10) | 15,000 | | | | SPONSORSHIP FOR THE 50TH GRAND BOULE EVENT |
| SMART GROWTH AMERICA 1707 L ST NW STE 1050 WASHINGTON,DC 20036 | 27-0038938 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| SOUTH SUBURBAN ACTION CONFERENCE15400 LINCOLN AVE HARVEY,IL 60426 | 36-3540479 | 501(C)(3) | 26,250 | | | | GENERAL SUPPORT |
| THE GAMALIEL FOUNDATION203 N WABASH AVE STE 808 CHICAGO,IL 60601 | 36-2657863 | 501(C)(3) | 41,250 | | | | GENERAL SUPPORT |
| US HISPANIC LEADERSHIP INSTITUTE431 S DEARBORN ST STE 1203 CHICAGO,IL 60605 | 36-3191740 | 501(C)(3) | 25,000 | | | | 2010 SPONSORSHIP |
| UTAHNS FOR ETHICAL GOVERNMENT340 W STATE STREET FARMINGTON,UT 84025 | 27-0463543 | | 10,000 | | | | GENERAL SUPPORT FOR THE LOCAL STATE CITIZENS INITIATIVE |
| FAMILY CAREGIVER ALLIANCE180 MONTGOMERY STREET - STE 1100 SAN FRANCISCO,CA 94104 | 94-2687079 | 501(C)(3) | 49,000 | | | | SERVICES FOR COLLABORATION WITH THE NEW JERSEY COMMISSION ON AGING IN DETERMINING MEASURES RELATED TO THE NEW JERSEY CHOICE ASSESSMENT FOR CAREGIVERS |
| LIPPINCOTT WILLIAMS & WILKINS ON BEHALF OF AMERICAN JOURNAL OF NURSING333 SEVENTH AVE FL 20 NEW YORK,NY 10001 | 13-2962696 | CORPORATION | 69,458 | | | | CHAMPION NURSING IN AMERICA - A JOINT INITIATIVE AMONG AARP, AARP FOUNDATION, AND THE ROBERT WOOD JOHNSON FOUNDATION - COMMITTED TO ADDRESSING THE GROWING NURSING SHORTAGE THAT THREATENS ACCESS TO HEALTH CARE AND QUALITY OF CARE ACROSS THE NATION |
| THE NATIONAL ASSOCIATION OF SOCIAL WORKERS FOUNDATION 750 FIRST STREET NE STE 700 WASHINGTON,DC 20002 | 13-6128093 | 501(C)(3) | 49,500 | | | | PROFESSIONAL PARTNERS SUPPORTING FAMILY CAREGIVING SUBCONTRACT |
| UNIVERSITY OF MARYLAND BALTIMORE COUNTYOFFICE OF GRANT ACCOUNTING 302 ADMINISTRATION BUILDING 1000 HILLTO BALTIMORE,MD 21250 | 52-6002033 | 501(C)(3) | 17,218 | | | | EXPENDITURES INCURRED ON DR CHARLES MILLIGAN'S AGREEMENT ENTITLED "STRATEGIC WHITE PAPERS FOR THE AARP PUBLIC POLICY INSTITUTE" |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| WOMEN'S INSTITUTE FOR A SECURE RETIREMENT 1146 19TH STREET NW STE 700 WASHINGTON,DC 20036 | 52-1997317 | 501(C)(3) | 10,000 | | | | SUPPORT OF WISER'S ANNUAL RETIREMENT SYMPOSIUM |
| DANA ALLIANCE FOR BRAIN INITIATIVE745 FIFTH AVENUE STE 900 NEW YORK,NY 10151 | 06-1360140 | 501(C)(3) | 20,000 | | | | GRANT TO DABI FOR SUPPORTING THE DEVELOPMENT, PRINTING, AND DISTRIBUTION OF THREE NEW BOOKLETS TO 50+ ADULTS |
| LEGAL COUNSEL FOR THE ELDERLY601 E STREET NW WASHINGTON,DC 20004 | 52-1194741 | 501(C)(3) | 2,074,800 | | | | GENERAL SUPPORT |
| AARP FOUNDATION601 E STREET NW WASHINGTON,DC 20004 | 52-0794300 | 501(C)(3) | 11,303,622 | | | | GENERAL SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AARP

Employer identification number
95-1985500

Part I

Questions Regarding Compensation

| | | | |
|----|---|-----|-----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | Yes |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment from the organization or a related organization? | 4a | Yes |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? | 5a | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a | The organization? | 6a | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
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| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | Part I, Line 1a | AARP board members, officers, and key employees are provided the benefit of first-class travel on flights exceeding 5 hours when business class accommodations are not available. The AARP Chief Executive Officer is provided the benefit of first-class travel on flights exceeding 90 minutes due to the extensive travel requirements of the position. All directors for AARP serve on a volunteer basis and are not compensated for their generous commitment to AARP. The officers, directors, and key employees are, however, reimbursed by AARP for travel and subsistence costs incurred in carrying out their duties. In addition, directors are reimbursed for travel and subsistence costs incurred for spouses/companions accompanying them to Association functions. The board members receive a gross-up payment to ensure there are no out-of-pocket expenses related to the income taxes for the spouse/companion travel. All spouse/companion travel reimbursements and tax gross-up payments are treated as taxable income to the directors. The Chief Executive Officer of AARP was given the following benefits in 2010: 1) an annual net payment of \$5,000 to cover any incidental expenses, 2) an annual allowance, not to exceed \$12,000, for necessary maintenance expenses related to his personal vehicle, 3) a supplemental life insurance policy, premiums paid by AARP in 2010 were \$20,663.02, 4) relocation benefits of \$13,831, 5) spousal travel of \$1,207, and 6) other taxable benefits of 3,088. All items were treated as taxable compensation to Mr. Rand in 2010. |
| | Part I, Line 4a | A separation payment in the amount of \$682,285.06 is included in Thomas Nelson's compensation package in 2010. A separation payment in the amount of \$327,049.42 is included in Joan Wise's compensation package in 2010. A separation payment in the amount of \$46,715.20 is included in Shereen Remez's compensation package in 2010. |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

| | |
|----------------------------------|--|
| Name of the organization AARP | Employer identification number 95-1985500 |
|----------------------------------|--|

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 5 | | In 2010, AARP became aware of two diversions of assets that together may have amounted to a "material" diversion. First, an employee was discovered to have embezzled \$30,000. The employee was terminated and has executed a restitution agreement agreeing to repay all amounts with interest. Second, AARP discovered that a vendor had been engaged in contractual irregularities including billing issues over a period of years. AARP conducted an investigation and retained outside legal counsel. The vendor acknowledged owing \$208,000 to AARP. The overall scope of the contractual irregularities is difficult to establish with certainty. The dispute is being resolved consistent with the advice of outside counsel. |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 11 | | The Form 990 is prepared and reviewed in AARP's internal tax department. The return is then put through a secondary review which includes the AARP Controller and AARP General Counsel. After this thorough review process, the Form 990 is uploaded to the Board of Directors Sharepoint site and emails are sent to each member to let them know the return is ready for their review. The board then has seven days to review and provide comments or questions. After all issues are addressed the return is reviewed by the Chief Financial Officer prior to electronically filing with the Internal Revenue Service. |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | Form 990, Part VI, Section B, line 12c | All board members and employees (including officers) are required to review the ethics policy, formally acknowledge their understanding of the policy annually, and disclose any real or potential conflicts of interest. Disclosures are reviewed by appropriate management (or in the case of a board member, the Board Chair, and if necessary, the Governance Committee), and the Chief Ethics & Compliance Officer. The appropriate resolution plan is implemented (for example, recusal from participating in any deliberations and decisions relevant to the disclosure). The Chief Ethics & Compliance Officer monitors compliance with these requirements and ensures proper follow-up as needed. |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | Form 990, Part VI, Section B, line 15a | AARP considers relevant for-profit and not-for-profit data since this is the landscape in which AARP competes for talent. Establishing the appropriate compensation for positions and jobs considers external market pricing (where possible) from an independent, third party compensation consulting firm, internal criteria, and an individual's actual performance and contribution. Internal criteria is based on a standard approach that measures the internal value of positions, including complexity and scope of responsibility, skill set and competencies, education and experience, and the reporting relationship of the position. An individual's actual performance and contribution is measured through AARP's performance management approach and then rewarded through AARP's annual base pay merit and incentive awards programs. For the CEO, information from all three areas (external data, internal data, individual performance and contribution) is submitted to the Board of Directors for review and approval. In some cases, the Board may deal directly with the independent, third party compensation consulting firm on external market pricing. The individual in this position may have legal representation and may insist on an employment contract with terms that are mutually agreed upon by the individual and the Board. |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|--|
| | Form 990, Part VI, Section C, line 19 | AARP makes its Form 990 available on our website at www.aarp.org or upon request to the General Counsel's Office. AARP's audited financial statements are also available on our website at www.aarp.org . AARP's governing documents and conflict of interest policy will be made available to the public in the event those documents are included in a filing with the Internal Revenue Service. |

| Identifier | Return Reference | Explanation |
|--|---------------------------|--|
| Changes in Net Assets or Fund Balances | Form 990, Part XI, line 5 | Net unrealized gains on investments 62,774,886 |

| Identifier | Return Reference | Explanation |
|---------------------------------|---|---|
| Amounts from Sale of Securities | Form 990, Part VIII, Line 7a and 7b, Column (i) | 7a Gross amount from sales of asset other than inventory \$1,383,896,977 7b Less cost or other basis and sales expenses \$1,374,160,409 |

| Identifier | Return Reference | Explanation |
|---|--------------------------------|---|
| Transactions with Related Organizations | Schedule R, Part V, Question 2 | The AARP Insurance Plan is a grantor trust established by an Agreement and Declaration of Trust for the purpose of making group health insurance and other health-related products and services available to AARP, Inc members. Agreements between AARP, Inc , AARP Services, United HealthCare Corporation, Metropolitan Life Insurance Company, Genworth Life Insurance Company, and Aetna Life Insurance Company make certain types of insurance available to AARP members. At the direction of the third party insurance carriers, the Plan pays AARP, Inc a portion of the total premiums collected for the use of its intellectual property, which is reported as royalties in the consolidated statements of activities. |

| | | |
|--|---|--|
| SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service | Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions. | OMB No 1545-0047 |
| | | 2010 |
| | | Open to Public Inspection |
| Name of the organization AARP | | Employer identification number 95-1985500 |

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|--|--|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) AARP Foundation 601 E Street NW Washington, DC 20049 52-0794300 | Foundation dedicated to persons over 50 at social and economic risk | DC | 501 (c)(3) | 509(a)(1) | AARP | | No |
| (2) AARP Institute 601 E Street NW Washington, DC 20049 52-0788950 | Supporting org of AARP Fdn holding certain charitable gift annuity funds | DC | 501 (c)(3) | 509(a)(3) | AARP Foundation | | No |
| (3) Legal Counsel for the Elderly 601 E Street NW Washington, DC 20049 52-1194741 | Provides free or low cost legal assistance and education to DC elderly | DC | 501 (c)(3) | 509(a)(1) | AARP | | No |
| (4) AARP Insurance Plan 601 E Street NW Washington, DC 20049 52-6069387 | Grantor Trust holding certain AARP group health insurance policies | DC | 501 (c)(4) | | AARP | | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproporionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---------------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| (1) AARP Financial Services Corporation 601 E Street NW Washington, DC20049 52-1367607 | Real Estate Holding Company | DE | AARP | C | | | 100 000 % |
| (2) AARP Services Inc (consolidated) 650 F Street NW Washington, DC20004 52-2141065 | Quality control and research | DE | AARP | C | | | 100 000 % |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

Yes

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|---------------------------------|------------------------|---|
| (1) | | | |
| See Additional Data Table | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID:
Software Version:
EIN: 95-1985500
Name: AARP

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (a) Name, address, and EIN of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income (\$) | (e) End-of-year assets (\$) | (f) Direct Controlling Entity |
|---|---|---|-----------------------------|--------------------------------------|-------------------------------------|
| AARP Properties LLC 601 E Street NW Washington, DC 20049 95-1985500 | Real Estate Holding Company | DE | | | AARP |
| AARP 650 F 2-3 LLC 601 E Street NW Washington, DC 20049 95-1985500 | Real Estate Holding Company | DE | | | AARP |
| AARP 650 F 4-5 LLC 601 E Street NW Washington, DC 20049 95-1985500 | Real Estate Holding Company | DE | | | AARP |
| AARP Carson Place LLC 601 E Street NW Washington, DC 20049 95-1985500 | Real Estate Holding Company | DE | | | AARP |
| AARP Watson Plaza LLC 601 E Street NW Washington, DC 20049 95-1985500 | Real Estate Holding Company | DE | | | AARP |
| AARP Global Network LLC 601 E Street NW Washington, DC 20049 20-4499090 | Works with organizations representing people 50+ in other countries | DC | | | AARP |
| AARP Andrus Insurance Fund LLC 601 E Street NW Washington, DC 20049 95-1985500 | Insurance captive | DC | | | AARP |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) | (d) Method of determining amount involved |
|--|---------------------------------|--------------------------------|---|
| (1) AARP Foundation (cash contributions) | B | 11,303,622 | cash paid |
| (2) AARP Foundation (subgrant for charitable activities) | C | 3,363,221 | grant agreement |
| (3) AARP Foundation (bond standby agreement) | D | 25,000,000 | bond standby agreement |
| (4) AARP Foundation (in-kind contributions) | K | 13,112,463 | allocable costs incurred |
| (5) AARP Foundation (dual employee reimbursement) | O | 393,549 | actual salaries paid |
| (6) AARP Foundation (printing postage telephone member event) | P | 817,787 | costs incurred |
| (7) AARP Foundation (cash advance repayment and 25k annual fee line of credit) | R | 1,575,000 | cash paid |
| (8) Legal Counsel for the Elderly (cash contributions) | B | 2,074,800 | cash paid |
| (9) Legal Counsel for the Elderly (in-kind contributions) | K | 1,636,493 | allocable costs incurred |
| (10) Legal Counsel for the Elderly (in-kind rent) | M | 62,644 | costs incurred |
| (11) Legal Counsel for the Elderly (printing postage telephone) | P | 39,092 | costs incurred |
| (12) AARP Services Inc Consolidated | A | 3,129,992 | costs incurred |
| (13) AARP Services Inc Consolidated (shared services) | K | 12,029,800 | allocable costs incurred |
| (14) AARP Services Inc Consolidated (advertising) | K | 6,483,812 | FMV |
| (15) AARP Services Inc Consolidated (print postage telephone member event) | P | 173,074 | costs incurred |
| (16) AARP Services Inc Consolidated | L | 78,307,117 | FMV |
| (17) AARP Services Inc Consolidated (reimburse for pension plan contribution) | R | 1,380,000 | portion of plan funding |
| (18) AARP Services Inc Consolidated (reimburse for post retire benefits) | R | 276,027 | portion of plan funding |
| (19) AARP Insurance Plan | R | 344,073,357 | See Schedule O |

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

| | | |
|---------------------------------|---|--------------------------------------|
| Name(s) shown on return AARP | Business or activity to which this form relates Form 990 Page 10 | Identifying number 95-1985500 |
|---------------------------------|---|--------------------------------------|

Part I Election to Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| | | | |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 . | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | | |
|----|---|----|------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 30,667,765 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (see instructions)

| | | | |
|----|--|----|------------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 30,667,765 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| | | | | | | | | | |
|--|-------------------------------|--|----------------------------|--|------------------------|---|--------------------------------|---------------------------------|--|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost | |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | | | | | | | | | | | | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

Part VI Amortization

| | | | | | |
|---|---------------------------------|---------------------------|---------------------|---|------------------------------------|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) A mortization period or percentage | (f) A mortization for this year |
| 42 A mortization of costs that begins during your 2010 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| 43 A mortization of costs that began before your 2010 tax year | | | | 43 | 52,845 |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | 44 | 52,845 |

Additional Data

Software ID:
Software Version:
EIN: 95-1985500
Name: AARP

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| W Lee Hammond President | 15 00 | X | | | | | | 9,951 | 0 | 0 |
| Robert Romasco President-elect | 6 00 | X | | | | | | 3,856 | 0 | 0 |
| A James Forbes Jr Secretary/Treasurer | 6 00 | X | | | | | | 4,599 | 0 | 0 |
| F John Zarlengo Board Chair | 15 00 | X | | | | | | 9,720 | 0 | 0 |
| Gail E Aldrich Board Vice Chair | 6 00 | X | | | | | | 12,762 | 0 | 0 |
| Allen Douma Director | 6 00 | X | | | | | | 13,926 | 0 | 0 |
| Jeannine English Director | 6 00 | X | | | | | | 5,154 | 0 | 0 |
| Leobardo Estrada Director | 6 00 | X | | | | | | 2,963 | 0 | 0 |
| Catherine Georges Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| William J Hall Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| Hubert H Humphrey III Director | 6 00 | X | | | | | | 3,176 | 0 | 0 |
| Jacob Lozada Director | 6 00 | X | | | | | | 2,833 | 0 | 0 |
| Mara Mayor Director | 6 00 | X | | | | | | 3,697 | 0 | 0 |
| Maeona Mendelson Director | 6 00 | X | | | | | | 8,460 | 0 | 0 |
| J David Nelson Director | 6 00 | X | | | | | | 3,761 | 0 | 0 |
| Barbara O'Connor Director | 6 00 | X | | | | | | 2,111 | 0 | 0 |
| John Penn Director | 6 00 | X | | | | | | 2,239 | 0 | 0 |
| Diane Pratt Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| Carol Raphael Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| Charles E Reed Director | 6 00 | X | | | | | | 11,157 | 0 | 0 |
| George T Rowan Director | 6 00 | X | | | | | | 1,175 | 0 | 0 |
| Fernando Torres-Gil Director | 6 00 | X | | | | | | 0 | 0 | 0 |
| Yash Aggarwal Director until 5/3/10 | 6 00 | X | | | | | | 12,541 | 0 | 0 |
| Cora L Christian Director until 5/3/10 | 6 00 | X | | | | | | 5,169 | 0 | 0 |
| Bonnie M Cramer Board chair until 5/3/10 | 6 00 | X | | | | | | 8,141 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joanne Handy Director until 5/3/10 | 6 00 | X | | | | | | 3,098 | 0 | 0 |
| Jennie Chin Hansen President until 5/3/10 | 6 00 | X | | | | | | 7,414 | 0 | 0 |
| Richard Johnson Director until 5/3/10 | 6 00 | X | | | | | | 2,983 | 0 | 0 |
| N Joyce Payne Director until 5/3/10 | 6 00 | X | | | | | | 1,922 | 0 | 0 |
| Thomas Byron Thames Director until 5/3/10 | 6 00 | X | | | | | | 1,714 | 0 | 0 |
| Addison B Rand Chief Executive Officer | 55 00 | | | X | | | | 810,147 | 0 | 114,466 |
| Robert R Hagans Jr Chief Financial Officer | 50 00 | | | X | | | | 368,064 | 0 | 53,939 |
| Thomas C Nelson Chief Operating Officer | 55 00 | | | | X | | | 1,124,770 | 0 | 51,844 |
| Nancy A LeaMond EVP Social Impact | 60 00 | | | | X | | | 367,243 | 0 | 40,580 |
| Emilio Pardo EVP & Chief Brand Officer | 50 00 | | | | X | | | 332,419 | 0 | 38,809 |
| Joan S Wise EVP & General Counsel | 40 00 | | | | X | | | 545,995 | 0 | 27,747 |
| Shereen G Remez EVP Member Value | 50 00 | | | | X | | | 313,901 | 0 | 40,359 |
| John C Rother EVP Policy & Strategy | 40 00 | | | | X | | | 310,338 | 0 | 44,572 |
| Kevin J Donnellan EVP & Chief Communication | 45 00 | | | | X | | | 284,452 | 0 | 48,312 |
| Ellen Hollander EVP & Chief People Officer | 50 00 | | | | X | | | 262,521 | 0 | 55,718 |
| Harroll Backus EVP State Operations | 50 00 | | | | X | | | 260,963 | 0 | 50,302 |
| Matthew Mitchell Chief Information Officer | 50 00 | | | | X | | | 248,897 | 0 | 44,438 |
| Nancy Smith SVP Corporate Secretary | 55 00 | | | | X | | | 297,924 | 0 | 40,491 |
| Hugh Delehanty SVP & Editor-in Chief AARP | 50 00 | | | | | X | | 279,459 | 0 | 48,629 |
| David Sloane SVP Govt Relations & Advo | 55 00 | | | | | X | | 279,335 | 0 | 44,509 |
| James Fishman SVP-Publisher | 45 00 | | | | | X | | 289,589 | 0 | 47,411 |
| Lynn Mento SVP 50+ Member Experience | 45 00 | | | | | X | | 259,788 | 0 | 37,864 |
| Susan Reinhard SVP Public Policy | 45 00 | | | | | X | | 264,578 | 0 | 48,521 |

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| | | | | |
|---|--------------|-------------|------------------------|--------------------------------|
| 4d. Other program services | | | | |
| (Code) | (Expenses \$ | 103,931,256 | including grants of \$ | 403,182) (Revenue \$ 12,388) |
| The State Operations Program has established a field office in every state, the District of Columbia, Puerto Rico, and the Virgin Islands. These offices coordinate AARP's local efforts and provide a structure that delivers personalized services and programs to members and other older Americans in their homes and communities. These offices offer needed assistance, information, and support to older Americans. They also fill many of the gaps in services that families, communities, and government are unable to address, enabling older persons to maintain their independence and dignity. | | | | |
| (Code) | (Expenses \$ | 76,878,009 | including grants of \$ | 422,476) (Revenue \$ 0) |
| Legislative Activities and Public Policy - Through AARP's Government Relations & Advocacy group, State Executive Councils, and AARP advocacy volunteers, AARP works to raise awareness and advocates for the rights of its members pertaining to the following issues: affordable health care for all Americans, ensuring the solvency of Social Security for current and future retirees, ensuring the long-term solvency of Medicare and prescription drug coverage, informing members and consumers about Medicare health insurance and related issues, independent living and long-term care, employment and job seeking for older workers, and financial security in retirement. | | | | |
| (Code) | (Expenses \$ | 25,138,393 | including grants of \$ | 678,000) (Revenue \$ 13,620) |
| Education and Outreach - AARP researches and identifies certain strategic areas and focuses its activities and resources to develop programs, provide/produce information, and conduct studies on three key issues affecting members: health, economic security/work, and livable communities. | | | | |
| (Code) | (Expenses \$ | 7,808,626 | including grants of \$ | 0) (Revenue \$ 6,953,106) |
| The AARP Driver Safety Program helps older drivers maintain their independence by instructing them on safety in the driver's seat. The program, available on-line or through a classroom setting, is led by volunteer instructors and teaches participants about the normal changes that occur with aging and how to use this awareness to become safer drivers. | | | | |
| (Code) | (Expenses \$ | 3,124,826 | including grants of \$ | 0) (Revenue \$ 183,375) |
| Divided We Fail is a social initiative to propel public and private sector innovation and action on health (including long-term care) and financial security (Social Security, work, private and public pensions and savings) for Americans of all ages by moving the public to demand bipartisan, responsible, and intergenerational action from policy makers. | | | | |
| (Code) | (Expenses \$ | 11,303,622 | including grants of \$ | 11,303,622) (Revenue \$ 0) |
| AARP Foundation (cash contributions) | | | | |
| (Code) | (Expenses \$ | 10,302,169 | including grants of \$ | 0) (Revenue \$ 4,311,442) |
| AARP/Member Events | | | | |
| (Code) | (Expenses \$ | 3,122,528 | including grants of \$ | 250) (Revenue \$ 0) |
| International Affairs Office | | | | |
| (Code) | (Expenses \$ | 2,074,800 | including grants of \$ | 2,074,800) (Revenue \$ 0) |
| Legal Counsel for the Elderly (cash contributions) | | | | |
| (Code) | (Expenses \$ | 1,548,815 | including grants of \$ | 87,272) (Revenue \$ 0) |
| Various Other Programs | | | | |

Software ID:
Software Version:
EIN: 95-1985500
Name: AARP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Addison B Rand | (i) (ii) | 575,000 0 | 172,500 0 | 62,647 0 | 99,112 0 | 15,354 0 | 924,613 0 | 0 0 |
| Robert R Hagans Jr | (i) (ii) | 365,829 0 | 0 0 | 2,235 0 | 38,612 0 | 15,327 0 | 422,003 0 | 0 0 |
| Thomas C Nelson | (i) (ii) | 387,750 0 | 50,000 0 | 687,020 0 | 38,612 0 | 13,232 0 | 1,176,614 0 | 0 0 |
| Nancy A LeaMond | (i) (ii) | 348,679 0 | 15,000 0 | 3,564 0 | 38,612 0 | 1,968 0 | 407,823 0 | 0 0 |
| Emilio Pardo | (i) (ii) | 331,616 0 | 0 0 | 803 0 | 28,812 0 | 9,997 0 | 371,228 0 | 0 0 |
| Joan S Wise | (i) (ii) | 148,027 0 | 0 0 | 397,968 0 | 23,329 0 | 4,418 0 | 573,742 0 | 0 0 |
| Shereen G Remez | (i) (ii) | 264,484 0 | 0 0 | 49,417 0 | 38,612 0 | 1,747 0 | 354,260 0 | 0 0 |
| John C Rother | (i) (ii) | 292,270 0 | 15,000 0 | 3,068 0 | 38,612 0 | 5,960 0 | 354,910 0 | 0 0 |
| Kevin J Donnellan | (i) (ii) | 283,418 0 | 0 0 | 1,034 0 | 38,612 0 | 9,700 0 | 332,764 0 | 0 0 |
| Ellen Hollander | (i) (ii) | 257,317 0 | 0 0 | 5,204 0 | 38,612 0 | 17,106 0 | 318,239 0 | 0 0 |
| Harroll Backus | (i) (ii) | 254,581 0 | 0 0 | 6,382 0 | 38,612 0 | 11,690 0 | 311,265 0 | 0 0 |
| Matthew Mitchell | (i) (ii) | 248,318 0 | 0 0 | 579 0 | 28,812 0 | 15,626 0 | 293,335 0 | 0 0 |
| Nancy Smith | (i) (ii) | 295,896 0 | 0 0 | 2,028 0 | 38,612 0 | 1,879 0 | 338,415 0 | 0 0 |
| Hugh Delehanty | (i) (ii) | 276,574 0 | 0 0 | 2,885 0 | 38,612 0 | 10,017 0 | 328,088 0 | 0 0 |
| David Sloane | (i) (ii) | 267,524 0 | 10,000 0 | 1,811 0 | 38,612 0 | 5,897 0 | 323,844 0 | 0 0 |
| James Fishman | (i) (ii) | 228,526 0 | 0 0 | 61,063 0 | 37,953 0 | 9,458 0 | 337,000 0 | 0 0 |
| Lynn Mento | (i) (ii) | 254,539 0 | 4,000 0 | 1,249 0 | 36,448 0 | 1,416 0 | 297,652 0 | 0 0 |
| Susan Reinhard | (i) (ii) | 255,856 0 | 7,000 0 | 1,722 0 | 38,612 0 | 9,909 0 | 313,099 0 | 0 0 |